

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

Date Stamp

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)
Sousa, Gregory R.

DAYTIME TELEPHONE NUMBER
(818) 562-3029

FAX NUMBER (optional)
()

E-MAIL (optional)

GRS4BUSDO@GMAIL.COM

STREET ADDRESS
1800 N. Niagara Street

CITY
Burbank

STATE ZIP CODE
91505

OFFICE SOUGHT (POSITION TITLE)
Member, Board of Education

AGENCY NAME
Burbank Unified School District

DISTRICT NUMBER, if applicable:

☒ NON-PARTISAN

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: _____
(Name of Multi-County Jurisdiction)

2015
(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Year of Election) Primary/general election

(Year of Election) Special/runoff election

(Check one box)

☐ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on November 30, 2014
(month, day, year)

Signature _____
(Candidate)